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(19) Transition. Cost reports used for rate determination shall be adjusted by the Division in accordance with the applicable cost principles provided in this plan.

State Plan TN#: 95-08
Supersedes TN# _____

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APPENDIX A

COVERED SUPPLIES AND SERVICES PERSONAL CARE

Baby powder
Bedside tissues
Bibs, all types
Deodorants
Disposable underpads of all types
Gowns, hospital
Hair care, basic including washing, cuts, sets, brushes, combs, non-legend shampoo
Lotion, soap, and oil
Oral hygiene including denture care, cups, cleaner, mouthwashes, tooth brushes and paste
Shaves, shaving cream and blades
Nail clipping and cleaning-routine

EQUIPMENT

Arm slings
Basins
Bathing equipment
Bed frame equipment including trapeze bars and bedrails
Bed pans, all types
Beds, manual, electric
Canes, all types
Crutches, all types
Foot cradles, all types
Glucometers
Heat cradles
Heating pads
Hot pack machines
Hypothermia blanket
Mattresses, all types
Patient lifts, all types
Respiratory equipment: compressors, vaporizers, humidifiers, IPPB machines, nebulizers, suction equipment and related supplies, etc.
Restraints
Sand bags
Specimen container, cup or bottle
Urinals, male and female
Walkers, all types
Water pitchers
Wheelchairs, standard, geriatric and rollabout

NURSING CARE/PATIENT CARE SUPPLIES

Catheter, indwelling and non-legend supplies
Decubitus ulcer care: pads, dressings, air mattresses, aquamatic K pads
(water heated pads), alternating pressure pads, flotation pads and/or
turning frames, heelprotectors, donuts and sheepskins
Diabetic blood and urine testing supplies
Douche bags
Drainage sets, bags, tubes, etc
Dressing trays and dressings of all types
Enema supplies
Gloves, non-sterile and sterile
Ice bags
Incontinency care including pads, diapers and pants
Irrigation trays and non-legend supplies
Medicine droppers
Medicine cups
Needles including but not limited to hypodermic, scalp, vein
Nursing services: regardless of level, administration of oxygen, restorative
nursing care, nursing supplies, assistance with eating and massages
provided by facility personnel
Nursing supplies: lubricating jelly, betadine, benzoin, peroxide, A and O
ointment, tapes, alcohol, alcohol sponges, applicators, dressings and
bandages of all types, cottonballs, and aerosol merthiolate, tongue
depressors
Ostomy supplies: adhesive, appliance, belts, face plates, flanges, gaskets,
irrigation sets, night drains, protective dressings, skin barriers, tail
closures, and bags
Suture care including trays and removal kits
Syringes, all sizes and types including ascepto
Tape for laboratory tests
Urinary Drainage Tube and Bottle

THERAPEUTIC AGENTS AND SUPPLIES

Supplies related to internal feedings
I.V. therapy supplies: arm boards, needles, tubing, and other related
supplies
Oxygen, (portable or stationary), oxygen delivery systems, concentrators,
and supplies
Special diets

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DEPARTMENT OF SOCIAL SERVICES

Division of Medical Services

Nursing Home Program

Pediatric Nursing Care Plan

(1) Authority. This rule is established pursuant to the authorization granted to the Department of Social Services, Division of Medical Services, to promulgate rules and regulations.

(2) Purpose. This rule established a methodology for determination of per-diem rates for Pediatric Nursing Care Facilities.

(3) General Principles.

(A) Provisions of this reimbursement plan shall apply only to Pediatric Nursing Care Facilities certified for participation in the Missouri Medical Assistance (Medicaid) Program.

(B) The per-diem rates determined by this regulation shall apply only to services provided on or after July 1, 1989.

(C) The effective date of this plan shall be July 1, 1989.

(D) The Missouri Medical Assistance (Medicaid) Program shall provide reimbursement for pediatric nursing care services based solely on the individual Medicaid eligible recipient's covered days of care (within benefit limitations) multiplied by the facility's Medicaid

per-diem rate. No payments may be collected or retained in addition to the Medicaid per-diem rate for covered services. Where third party payment is involved, Medicaid will be the payor of last resort with the exception of state programs such as Vocational Rehabilitation and the Missouri Crippled Children's Services. A provider participating under this plan shall not be eligible for participation under any other Missouri Medicaid plan for the provision of nursing care services.

(E) The Medicaid per-diem rate shall be the lower of:

1. The average private pay rate; or

2. The Medicare (Title XVIII) per-diem rate, if applicable;

or

3. The per-diem rate as determined in accordance with section (11); or

4. The level-of-care ceiling. The level-of-care ceiling in effect on July 1, 1989 shall be a per-diem rate of one hundred and five dollars (\$105). The level-of-care ceiling in effect on July 1, 1990 and annually thereafter shall be one hundred and ten percent (110%) of the average per-diem rates in effect for participating pediatric nursing care facilities on the 30th of June immediately preceding the July 1 effective date.

(F) For a change in ownership, management, control, operation or leasehold interest by any form for any facility certified for participation in the Medicaid program at any time, increased capital costs for the successor owners, management or leaseholder shall not be recognized for purposes of reimbursements.

(G) Medicaid reimbursements shall not be paid for services provided to Medicaid eligible recipients during any time period in which the facility failed to have a Medicaid participation agreement in effect. A per-diem reimbursement rate may not be established for a facility if a Medicaid participation agreement is not in effect.

(H) Upon execution of Medicaid participation agreement a qualified facility not previously certified for participation in the Medicaid program shall be assigned a provider number by the Division of Medical Services. Facilities previously certified shall retain the same provider number regardless of any change in ownership, management, control, operation or leasehold interest if any form.

(I) Regardless of changes of ownership, management, control, operation or leasehold interests by whatever form for any facility certified for participation in the Medicaid Program, the Division will issue allowable reimbursements to the facility identified in the current Medicaid participation agreement, and recover from that entity liabilities, sanctions and penalties pertaining to the Medicaid Program.

(J) A facility's allowable costs shall be apportioned between Medicaid recipients and other patients so that the share borne by the Medicaid Program is based upon services actually provided to Medicaid recipients. A facility's allowable costs allocated to the Medicaid Program may in no case include costs incurred in providing services for persons who are not Medicaid eligible.

(K) A facility that is also certified for participation in the Title XVIII (Medicare) program shall meet the requirements of Title XVIII of the Social Security Act. Any facility which is terminated from participation in the Medicare Program shall also be terminated from participation in State's Medicaid Program.

(L) No restrictions nor limitations shall be placed on a recipient's right to select providers of his/her own choice.

(4) Definitions.

(A) Allowable Cost. Those costs which are allowable for allocation to the Medicaid Program based upon the principles established in this regulation. The allowability of costs not specifically addressed in this plan shall be determined by the Division of Medical Services. This determination may be based upon criteria such as the Medicare Provider Reimbursement Manual (HIM-15) and section (7) of this regulation.

(B) Average Private Pay Rate. The usual and customary charge for non-Medicaid patients determined by dividing total non-Medicaid days of care into revenue collected from the same service that is included in the Medicaid per-diem rate, excluding negotiated payment methodologies with State or Federal agencies such as the Veteran's Administration and the Missouri Department of Mental Health.

(C) Cost Report. The Financial and Statistical Report for Nursing Facilities, required attachments as specified in subsection (10)(A) of this regulation and all worksheets supplied by the Division for this purpose. The cost report shall detail the cost of rendering both covered and non-covered services for the fiscal reporting period in accordance with the procedures prescribed by the Division.

(D) Department. The Department, unless otherwise specified, refers to the Missouri Department of Social Services.

(E) Desk review. The Division of Medical Services' review of a provider's cost report without on-site audit.

(F) Director. The director, unless otherwise specified, refers to the Director, Missouri Department of Social Services.

(G) The Division of Aging. The division of the Department of Social Services responsible for survey, certification and licensure of long-term care facilities.

(H) The Division of Medical Services. Unless otherwise designated "Division" as used in this regulation refers to the Division of Medical Services, the division of the Department of Social Services charged with administration of Missouri's Medical Assistance (Medicaid) Program.

(I) The Dodge Calculator (formerly known as the Dodge Construction Index). The cost per square foot as published in Calculator for a convalescent/nursing home of good quality, masonry wall construction as of mid-year 1970 and adjusted by the general purpose Local Building Cost Multiplier as of the date the initial Certificate of Need was issued, or, is a six (6)-month extension was granted, as of the date the extension was granted. The Local Building Cost Multipliers used to adjust costs shall be those established for Columbia, Kansas City and St. Louis. The multiplier to be used in determining a facility's rate shall be the one established for the city geographically closest to the facility as determined by the air distance from that city to the facility. If the air distance is not available, the determination shall be based on road miles from the city to the facility as determined by the Automotive Club of Missouri (AAA). Calculator is a publication of Calculator, Inc., 12251 Harber Drive, Woodbridge, VA. 22192.

(J) Entity. Any natural person, corporation, not-for-profit corporation, professional corporation, business, partnership or something that exists as a particular and distinct unit.